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Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern, and further actions and initiatives; priority theme: "The empowerment of rural women and their role in poverty and hunger eradication, development and current challenges"

Statement submitted by Catholic Women's League Australia and Endeavour Forum, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

Conditions for rural women should be improved through a reduction in their poverty, development of their abilities and empowerment. Any action should first be directed towards woman's unique role in conceiving, bearing and raising children, an obligation found in the Universal Declaration of Human Rights to provide "special care and assistance to motherhood". This means that all women should have access to competent obstetrical and gynaecological services, which include appropriate care of the child in the uterus and assistance to establish breastfeeding and care of the child after birth. Such assistance should address the importance of breastfeeding; the need for maternal and baby health care to avoid succumbing to a treatable disease; and protecting the health of the mother by avoiding the use of harmful steroidal contraception, abortifacients and abortion.

The importance of breastfeeding for rural women in the reduction of infant mortality must be emphasized for many reasons. Breastfeeding reduces the risk of gastro-intestinal infections in infants and, as recommended in the World Health Organization (WHO) guidelines on breastfeeding, should constitute the main nourishment for an infant's first six months and, if possible, should be continued for two years. Breastfeeding has the additional benefit of reducing the risk of breast cancer in mothers. A breastfed child has an increased chance of living longer. It reduces child mortality, which is very real for sub-Saharan women, who have many pregnancies because they see three or four of their children die from treatable diseases on the way to distant hospitals. By lowering the mortality rate of children, the mother would not feel the need to replace those who die. She would have more time and strength for skill development and other activities.

With the return of fertility during or following breastfeeding and the birth of a baby, a woman needs to be taught a method of family planning that will not harm the baby and will allow parents to make love without fear of conceiving another baby so soon after a birth. Such a method is the Billings Ovulation Method, which is a reliable natural, therefore entirely safe, cost-free method. It empowers women with knowledge about their bodies. In 1978, WHO found it to be 98.5 per cent effective after a five-country, cross-cultural trial and gave the name "Billings" to what was then known as "the ovulation method", to distinguish it from other natural methods, such as rhythm, calendar and temperature-taking. Since then, trials of the method in India and China have shown a consistent pattern of success, with the added bonus of the method being used to achieve pregnancy. It has recently been found to help couples labelled "low fertility" 65 per cent of the time.

It was developed by the Australian doctors, John and Evelyn Billings, in 1953 and is now being taught in over 100 countries, with copyrighted standardized materials available. Dr. E. Billings' bestselling book, *The Billings Method*, has been translated into 22 languages. In it, she describes how in Africa the older Luo, Kamba and Taita women used to conduct fertility rituals in which they imparted knowledge to young women entering adolescence about assessing their health and fertility by observing a cervical secretion just as they go about their daily activities. Thanks to the Billings doctors and with a little more instruction in four common sense guidelines, they have now developed a more accurate natural way, which is simple to learn. Instructors in Uganda report that it profoundly changes the lives of rural African women. They are finally able to space their children without feeling stressed and without the costly adverse effects of contraception. The couple is then

able to plan and acquire new skills, which will alleviate the poverty that seemed insurmountable before. A sense of well-being and hope carries them through and helps parents to assume their familial responsibilities together in love so that they may develop fully as human beings.

Dr. Leonie MacSweeney of Nigeria reports that in parts of Africa, most families with no male child suffer greatly, especially women, who continue to have many more children than they would have had otherwise. A special successful application of the Billings Method for baby sex pre-selection can solve the problem, restore the balance of the sexes, and in the long run, raise the status of women. There is a 96 per cent success rate for boys and 89 per cent for girls.

Husbands like this method because it leads to increased lovemaking in the relationship and communication is enhanced as a result. The wife's status is raised as he sees her grow in confidence and dignity. Together they make responsible family size decisions. Carrying a card proving they are using a method they like is often helpful to show population control officials. Side effects of contraception leave a wife unwell without access to local health care and now, with the use of a safe method that is in keeping with natural law, a husband is delighted to see his wife well.

There are, indeed, very debilitating emotional and physical side effects of steroidal, hormonal abortifacient contraception and abortion. Fertility may be damaged or lost. Women who have had one or several abortions are speaking out about their regret in a campaign called "Silent no more". They bear witness to the fact that fertility is often seen as a disease in the medical profession and something to be suppressed, leading to loss of dignity and women viewed as sex objects. There is no need to remove fertility from the bodies of women or men, especially using means that actually endanger health and well-being. According to Dr. Hanna Klaus, obstetrician and gynaecologist, who began an abstinence-based fertility awareness programme in Africa (www.teenstarprogram.org), contraceptive steroids bind to sex hormone-binding globulins and reduce a woman's libido, and thus the means to "liberate" women for sex actually removes their desire for it.

In conclusion, we urge Governments to: (a) promote breastfeeding and include the Billings Ovulation Method within Government family planning choices because of the benefits outlined (no strings attached funding for development of teacher training programmes would be welcome (www.thebillingsovulationmethod.org)); (b) resist pressure for abortion on demand and reclaim "reproductive health" to the true sense of the term, to be excluding abortion; and (c) increase access to maternal and child health care in the certain knowledge that a well mother is empowered and resourceful in contributing to poverty reduction in the family.